

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	90	←	←	←	↓	↓
TOTAL CLAIMS	94					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←	←	←		
TOTAL CLAIMS					↓	↓

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS